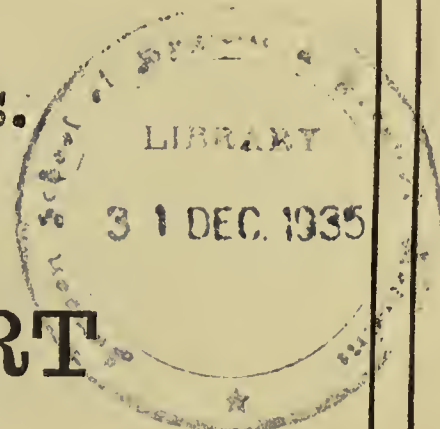




COLONY OF SEYCHELLES.



ANNUAL REPORT

ON THE

MEDICAL and HEALTH DEPARTMENT

FOR THE YEAR

1934

Published by Command of His Excellency the Governor.

PRINTED BY THE HEAD PRINTER,
AT THE GOVERNMENT PRINTING OFFICE,
Victoria—Mahé Seychelles.

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Medical Department,
Seychelles, 31st August, 1935.

**Annual Medical and Health Report for the year
ending 31st December 1934.**

Sir,

I have the honour to submit for the information of His Excellency the Governor, and for transmission to the Right Honourable the Secretary of State, the Medical Report on the Health and Sanitary conditions of the Seychelles for the year 1934, together with Returns, etc, appended thereto.

I have the honour to be

Sir,

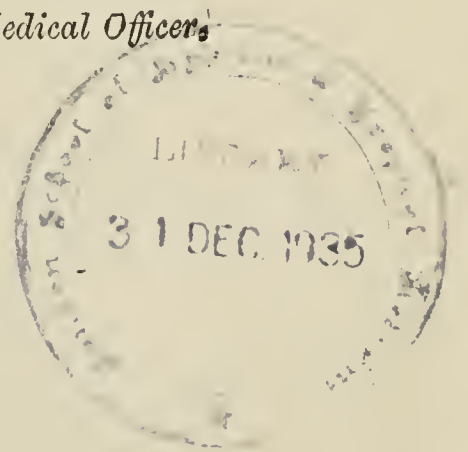
Your obedient Servant,


E. M. LANIER,

Senior Medical Officer.

To

The Clerk to Governor,
Victoria.





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COLONY OF SEYCHELLES
ANNUAL REPORT
On the Medical and Health Department
1st January to 31st December 1934.

I.—ADMINISTRATION.

The year 1934 saw the beginning of a period of re-organisation in the administration of the Colony, in particular in that of the Medical and Health Department.

At a meeting of the Legislative Council in September His Excellency the Governor expressed himself as follows :—

“The biggest individual saving has been on the Medical Department, Rs. 24,700 of which Rs. 19,300 is on personnel. This is surprising but as far as I can see the service to the public will not be substantially affected. I am bound at the same time to express my warm appreciation of the way in which the staff are making the reduction possible”.

A saving in the Medical budget of over twenty five per cent is indeed no small measure of economy. At the same time some of the changes effected in the Medical and Health Department during the present economic crisis must be considered as being still in the experimental stage.

As from the 1st January 1934 the Chief Medical Officer of the Colony is designated as Senior Medical Officer.

The Chief Medical Officer, Dr Bradley, retired on pension on the 1st January 1934. On his application he was granted permission to use the honorary title of Emeritus Physician to the Seychelles Government Hospital but takes no further part in the work of the Hospital or in the activities of the Department.

The re-organisation of the Department on more economical lines necessitated various important changes in the Medical and Sanitary staff.

Throughout the year the Resident Surgeon acted as Senior Medical Officer in addition to his surgical and other duties.

The establishment of the Department on the 31st December 1934 was as follows:—

A.—PROFESSIONAL STAFF.

EUROPEAN.

The Senior Medical Officer (vacant).
Resident Surgeon (acting as Senior Medical Officer).

ASIATIC.

Assistant Medical Officer South Mahé.
Assistant Medical Officer Praslin.

B.—HOSPITAL STAFF.

3 Hospital Sisters.
5 Probationary Nurses.
1 Midwife.
1 Probationer midwife.
2 Ward maids Maternity.
3 Male Attendants at Hospital (2 for day duty, one for night).
3 Ward maids (2 for day duty, one for night).
1 Cook.
1 Cook's mate.
1 Maid servant.
2 Washerwomen.

C.—PHARMACY AND CLERICAL STAFF.

1 Dispenser and Chief Clerk.
1 Assistant Dispenser.
1 Storekeeper and Second Clerk.

D.—PUBLIC HEALTH AND SANITARY STAFF.

- 1 Chief Sanitary Inspector.
- 3 Assistant Sanitary Inspectors (One Assistant Sanitary Inspector works under the Victoria Town Board).
- 6 District midwives.
- 3 Labourers.
- 1 Keeper Quarantine Station.

E.—ASYLUM FOR MALE LEPERS, ROUND ISLAND PRASLIN.

Officer in charge A.M.O. Praslin.

- 1 Guardian.
- 2 Labourers.
- 1 Cook.
- 1 Assistant Cook.
- 1 Washerwoman (inmate).

F.—ASYLUM FOR FEMALE LEPERS, ROUND ISLAND MAHE.

Officer in charge of Leprosy Campaign.

- 1 Female guardian.
- 1 Labourer.
- 1 Cook (inmate).

G.—FIENNES INSTITUTE.

- 1 Master.
- 1 Nurse.
- 1 Cook.
- 2 Male Attendants (1 for day, 1 for night duty).
- 1 Female Attendant.

H.—LUNATIC ASYLUM ANSE ROYALE.

Officer in charge A.M.O. South Mahé.

- 1 Head Male Attendant.
- 1 Head Female Attendant.
- 2 Male Attendants.
- 2 Female Attendants.
- 1 Cook.

I.—COTTAGE HOSPITAL PRASLIN.

Officer in charge A.M.O. Praslin.

- 1 Nurse.
- 1 Attendant and cook.

STAFF CHANGES.

APPOINTMENTS.

Lita Mondon appointed probationary nurse on 1.1.34.

Mrs. Man-Cham appointed midwife Maternity Department on 5.6.34.

Mrs. Laye Sion appointed female Attendant Lunatic Asylum on 16.9.34.

Nilza Young appointed probationer midwife Maternity Department on 1.10.34.

Mrs. V. P. Louis appointed guardian female leper camp on 13.12.34.

V. P. Louis appointed labourer female leper camp on 16.12.34.

Transfers.—E. Forte Assistant Sanitary Inspector transferred to Police Department on 11.3.34.

C. Collie Nurse Cottage Hospital Praslin transferred to Maternity Department Seychelles Hospital on 15.6.34.

J. Faure midwife Maternity Department transferred to Cottage Hospital Praslin on 15.6.34.

M. Payet Dispenser Sanitary Department transferred to Lunatic Asylum as Head Attendant on 16.9.34, in addition he acts as Dispenser and Sanitary Inspector for the South Mahé district.

E. Forte transferred from Police Department to Fiennes Institute as Master on 1.10.34.

Retirements.—A. Pool Assistant Sanitary Inspector granted 3 months leave prior to retirement on pension on 15.6.34.

Sister Yvonne granted 3 months leave prior to retirement on pension on grounds of ill-health on 31.10.34.

Retrenchments.—A. Grandcourt Headwife Maternity granted 3 months leave prior to retrenchment on 15.6.34.

E. Mathiot Head Male Attendant Lunatic Asylum granted 3 months leave prior to retrenchment on 15.6.34.

G. Hoareau Assistant Male Attendant Lunatic Asylum granted 3 months leave prior to retrenchment on 15.6.34.

V. Payet Head Female Attendant Lunatic Asylum granted 3 months leave prior to retrenchment on 15.6.34.

V. Soleil Assistant Sanitary Inspector granted 3 months leave prior to retrenchment on 15.6.34.

D. Rose Messenger Medical Department granted 3 months leave prior to retrenchment on 16.9.34.

E. Collie Master Fiennes Institute granted 3 months leave prior to retrenchment on 1.10.34.

A. Aurelien Male Attendant Fiennes Institute granted 3 months leave prior to retrenchment on 1.10.34.

Resignation and dismissal.—Probationary Nurse B. Bouchereau resigned on 15.7.34.

do do S. Hoareau do 31.7.34.

do Midwife C. Savy do 30.9.34.

Guardian Female Leper Camp Mrs Laurence resigned on 15.12.34.

Louis Laurence Labourer Female Leper Camp dismissed on 15.12.34.

B.—LEGISLATION ENACTED IN 1934.

Ordinance No. 20 of 1934. To regulate the practice of Medicine and Dentistry.

Regulation No. 32 of 1934 dealing with adulteration of milk.

do „ 122 of 1934 dealing with duties etc. of midwives.

do „ 153 of 1934 amending Hospital charges for Government Officials.

C.—FINANCIAL.

MEDICAL AND SANITARY REVENUE.

Hospital fees	...	...	...	Rs	2,986.75
Maternity fees	...	...	...	„	1,516.75
Lunatic Asylum fees	...	...	...	„	822.50
Quarantine fees	...	...	...	„	145.00
X Ray fees	...	...	...	„	85.00
Registration fees	...	...	...	„	60.00
Sale of Medicines at Government Pharmacy	...	...	...	„	2,536.92
					<hr/>
					8,152.92
					<hr/>

MEDICAL AND SANITARY EXPENDITURE.

The estimated expenditure for 1934 was in

Personal emoluments	...	...	...	Rs	58,064.00
Other charges	...	...	...	„	37,935.00
					<hr/>
Total					„ 95,999.00
					<hr/>

The actual expenditure for 1934 was in

Personal emoluments	...	...	...	Rs	47,049.98
Other charges	...	...	...	„	31,459.85
					<hr/>
Total					„ 78,509.83
					<hr/>

A saving of Rs. 17,489.17 was effected on the estimated medical budget for 1934.

II.

PUBLIC HEALTH.

(A) GENERAL REMARKS.

The Public Health as a whole was satisfactory during the year. No outbreak of epidemic disease occurred and the death rate was the lowest on record, 10.78 per thousand. The Colony fully deserves its reputation as a health resort for tourists and for those of its educated and better off residents. It cannot however be said that the physical fitness and consequent capacity for work of the natives and of those of the poorer classes is of such a standard as would be expected in a colony so free from most tropical diseases. Ankylostomiasis, venereal diseases, bad habits, injudicious or deficient diet, adulterated bacca and a total disregard for the elementary principles of hygiene are but a few of the undesirable factors which account for much of the chronic ill-health seen. Improvements can only be very gradually brought about by better economic conditions, by education – general and special – and by judicious propaganda through the combined efforts of the Medical and Educational Officers working in close cooperation.

1. GENERAL DISEASES.

During the year under the review 10 cases of Cancer were admitted to Hospital against 6 in 1933. 12 deaths due to malignant diseases were recorded in 1934.

Diseases of the arteries and of the circulatory system are very common, many of these being of a syphilitic origin.

Of the diseases of the respiratory system, asthma is the most frequent and accounts for 69.9% of this group of diseases admitted to Hospital for treatment in 1934.

Rheumatic affections are common especially those arising as complications of gonorrhoea.

In the group of diseases of the digestive system, dental caries is still too commonly seen.

Affections of the nasopharynx and tonsils are frequent: 5 cases of peritonsillar abscess were admitted to Hospital during the year.

Chronic constipation is very prevalent and probably accounts, with injudicious diet, for the high incidence of diseases of the appendix met with.

29 cases of hernia, 8 of which were strangulated, and 26 cases of appendicitis, 6 of which were acute and 5 subacute, were admitted to the Hospital during the year. No death occurred from these two diseases in 1934.

2. COMMUNICABLE DISEASES.

(a) *Mosquito or Insect borne.*

Malaria.—The anopheline mosquitoes being absent, Malaria does not exist in the Seychelles. There were two short outbreaks however in 1908 and 1930 in the Aldabra group of islands, about 600 miles from Mahé, the main island of the Archipelago. In 1908 benign tertian parasites were found in the blood of patients at Aldabra but no anopheles, adult or larva, could be discovered there. In 1930 the subtertian type of the disease prevailed and *A. gambiae* was for the first time found at Aldabra, having most probably been imported there by a schooner from the East Coast of Africa. On both occasions usual anti-malarial measures were carried out and within a few months the outbreak had died out. On subsequent surveys of these islands in 1931 and 1932 no anopheles, adult or larva, could be discovered and no case of malaria has occurred since. The cases of malaria which appear in the Return of disease treated at the Seychelles Hospital were in patients returning from East Africa or Madagascar.

Dengue.—No case of this disease was admitted to Hospital during the year. A few sporadic cases are occasionally seen however, at all seasons, amongst private patients in town.

Filariasis.—Cases of Elephantiasis of the legs and scrotum are fairly common and many cases of lymphadenitis, lymphangitis and hydrocele seen here are probably of filarial origin. Blood examinations of two patients revealed infection with *microfilaria Bancrofti*.

(b) *Infectious diseases.*

Smallpox.—In April 1934 a deck passenger from Bombay developed smallpox at the Quarantine Station the day after her arrival in the Colony. The usual prophylactic measures were taken and no other cases occurred. The patient recovered.

Chickenpox.—This disease is endemic. Many cases are so mild that they do not come for medical advice or treatment and consequently it is not possible to indicate the number of cases occurring during the year.

Influenza.—The incidence of this disease shows some increase over that of the preceding year, 25 cases against 15 in 1933. Two deaths from influenza were registered during the year.

Dysentery.—Fourteen cases, all of the amœbic type, were returned this year against 16 in 1933. One death from amœbic dysentery was recorded. The disease is more prevalent after the rainy seasons.

Leprosy.—The incidence of this disease remains high 2.95% in 1934 against 3.03% in 1933. 5 new cases were discovered and 5 deaths occurred during the year. A fuller report of the disease is given later under the section "Hygiene and Sanitation".

Tetanus.—Two cases were admitted to Hospital in 1934, one of which died. During the year six deaths from this disease were registered.

Tuberculosis.—Out of 11 cases of tuberculosis admitted to the Hospital during the year, 6 were tuberculosis of the lungs and 5 of other organs.

22 deaths of tuberculosis of the respiratory system and 4 deaths from other forms of tuberculosis were recorded during the year.

The natives in the Seychelles have little resistance to tuberculous infection.

Venereal diseases.—These diseases are very prevalent but there again it is not possible to give any accurate figures; many cases seek the advice of native herborists — or sorcerers — and never come to a medical man or to the clinics for proper treatment.

Syphilis on the whole is of a milder type than that usually seen in Europe. Lymphogranuloma inguinale is fairly common.

(c) *Helminthic disease.*

Infections with *Trichuris trichiura*, and *Oxyuris Vermicularis* are frequently seen but the most common helminthic diseases met with in the Colony are ankylostomiasis and ascariasis. A fuller report will be found under "Ankylostomiasis Campaign".

B. VITAL STATISTICS.

1. GENERAL POPULATION.

The estimated population on the 31st December 1934 was 29,406 (Males 14,283, Females 15,123) showing an increase of 675 over the preceding year.

Marriages.—154 marriages were celebrated in 1934 as compared with 180 in 1933.

Births.—The total number of births for the year was 862 (419 males, 443 females). The crude birth rate was 29.31 per thousand against 28.57 per thousand in 1933.

Deaths.—During the year the number of deaths was 317 as compared with 346 in 1933. The crude death rate was 10.78 per thousand against 12.14 per thousand in 1933.

The next table shows the causes of death registered during the year.

<i>Title.</i>	<i>Corresponding title number in International list of causes of deaths (1929 Revision).</i>	<i>Number of Deaths.</i>	<i>Rate per 1000 population.</i>
Influenza	(11)	2	.06
Dysentery	(13)	1	.03
Tuberculosis of respiratory system	(23)	22	.66
Other tuberculosis	(24-32)	4	.12
Leprosy	(33)	5	.15
Venereal diseases	(34-35)	14	.42
Helminthic Infection	(40, 41, 42)	1	.03
Tetanus	(22)	6	.18
Other infectious and/or parasitic disease	(36)	1	.03
Cancer and other tumours	(45-55)	12	.36
Diabetes	(59)	7	.21
Diseases of blood	(70-74)	3	.09
Cerebral hæmorrhage and apoplexy etc.	(82)	28	.84
Diseases of nervous system	(78-89)	6	.18
Pneumonia	(107-109)	9	.27
Diseases of the circulatory system	(90-103)	41	1.23
Other diseases of the respiratory system	(104, 105, 110, 114)	7	.21
Diarrhoea and enteritis	(119-120)	10	.30
Hernia and intestinal obstruction	(122)	2	.06
Diseases of the digestive system	(115-129)	7	.21
Nephritis	(130, 131, 132)	15	.45
Childbirth and puerperium	(140-150)	7	.21
Conditions of early infancy	(157, 158, 161)	12	.36
Suicide	(163-171)	1	.03
Other forms of violence	(172-198)	9	.27
Senility	(162)	45	1.35
Ill-defined causes	(199-200)	40	1.20
		<hr/> 317	

Infantile Mortality.—42 children under one year and 25 aged from one to five years died in 1934 as compared with 67 (under one year) and 33 (from one to five years) in 1933.

The infantile mortality rate is the number of deaths of infants under one year occurring in any year for every thousand live births registered during the same year.

The rate for 1934 was 48.7 per thousand as compared with 81.6 per thousand for 1933.

The number of deaths under five years of age were distributed as follows :—

	1933.			1934.		
	Male	Female	Total	Male	Female	Total
under one year	43	24	67	19	23	42
1 year to under 2 years	6	9	15	8	5	13
2 years and under 3 years	5	5	10	5	2	7
3 years and under 4 years	3	2	5	3	1	4
4 years and under 5 years	1	2	3	1		1
	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>	<hr/>
Total	58	42	100	36	31	67

In the table below the deaths have been grouped according to the causes registered on the deaths certificate.

Under one year.		One year to under five years.	
Gastro enteritis	3	Anæmia	1
Acute enteritis	1	Chronic nephritis	1
Congenital endocarditis	1	Chronic diarrhæa	1
Congenital Syphilis	6	Congenital Syphilis	3
Infantile marasmus	6	Pulmonary dedema	1
Shock due to burns	1	Dysentery	1
Accidental suffocation	1	Acute congestion of lungs	1
Influenza	1	Influenza	1
Bronchial Pneumonia	2	Pneumonia lobar	1
Double lobar Pneumonia	1	Pneumonia Bronchial	1
T. B. Meningitis	2	Bronchial asthma	1
Tubercular peritonitis	1	Tuberculosis	3
Prematurity	4	Ill-defined causes	9
Hæmophilia Neonaterum	1		
Anacephalic monster	1		
Ill-defined causes	10		
Total	42	Total	25

Still Births.—57 still births were registered in 1934 (32 males, 25 females) as compared with 51 in 1933.

This is equivalent to 66.1% of live births for same period as compared with 62.1% for 1933.

Registration.—Registration of births, still births and deaths is compulsory and these returns can be taken as correct. If a death occurs and a medical certificate cannot be produced a police enquiry is usually held into the case, after which, if there be no evidence of foul play the Police Magistrate directs that the body be buried and the death registered under "ill-defined causes" - 40 deaths were registered under this heading in 1934 against 37 in 1933.

2. EUROPEAN POPULATION.

During the year under review the health of the European population was good.

Two Marist brothers from the St Louis College and two Sisters from the Convent of St Joseph de Cluny died during the year. The four of them had reached an advanced age and the deaths registered as follows :—

- (1) Cerebral Hæmorrhage
- (2) Senile decay
- (3) Enteritis
- (4) Myocarditis

3. OFFICIALS.

The number of officials from the various Government Departments treated at Headquarters in Victoria during the year is given hereunder - Officials treated in the districts by the Assistant Medical Officers are not included in this list.

Agriculture	...	...	...	...	...	67
Audit	...	...	...	...	...	3
Ecclesiastical	...	...	...	...	...	25
Medical	...	...	...	...	...	23
Legal	...	...	...	...	...	15
Police	...	...	...	...	...	72
Port	...	...	...	...	...	31
Post Office	...	...	...	...	...	10
Printing	...	...	...	...	...	28
Public Works	...	...	...	...	...	62
Secretariat	...	...	...	...	...	8
Treasury	...	...	...	...	...	4
Victoria Town Board	...	...	...	...	...	114
Education	...	...	...	...	...	2
Total						464

53 were admitted to Hospital during the year as in-patients.

III

HYGIENE AND SANITATION.

(1) PREVENTIVE MEASURES.

(a) MOSQUITOE AND INSECT BORNE DISEASES.

There are no anopheline mosquitoes in the Colony but the potential danger of their importation by ships arriving from malarial countries (Madagascar etc.) which are at comparatively short distances from the Seychelles must be seriously considered. Such ships, on arrival, are carefully inspected and fumigated and their water tanks examined for anopheles eggs or larvæ and if necessary emptied and cleaned. During the year 4 sailing vessels arriving – 3 from Madagascar, 1 from Aldabra Island – were so treated.

Plague has not appeared in the Colony so far and it is fortunate that the type of ships which usually come from plague infected ports anchor far away in the outer harbour, consequently the risk of introduction of infected rats is not great, though possible through one of them emerging from a case or other piece of cargo after its landing; the greater risk perhaps of introduction of infected fleas in gunny bags etc. should not be forgotten.

At present the cargo removed from the lighters is placed in a warehouse built near the end of the main pier. Fumigation by combustion of sulphur in open vessels is then carried out but the warehouse in which this operation takes place is not airtight and the system is unsatisfactory. Extensive alterations and repairs to the warehouse so as to make it as rat proof as possible – and airtight when required – are necessary. A small Clayton apparatus for fumigation of cargo on landing and for other disinfecting purposes is much needed.

During the year fumigation of cargo as mentioned above was carried out on 37 occasions.

(b) EPIDEMIC AND INFECTIOUS DISEASES.

Smallpox and Vaccination.

In April 1934 the S. S. Kenya arrived from Bombay with a case of measles on board. In accordance with Ordinance 1 of 1916 she was placed in Quarantine and the passengers sent to the Station at Long Island. On the following day one of the deck passengers, a girl aged 18 months, developed smallpox. Strict prophylactic measures were taken, the child isolated and 11 contacts vaccinated and transferred to another station specially rented for that purpose. Two nurses were sent from the Seychelles Hospital to attend to the child, a medical officer visited the station daily and the patient recovered.

No other cases of smallpox occurred amongst the contacts or elsewhere in the Colony.

On that occasion a large number of people fearing an outbreak of smallpox in Mahé came to be vaccinated. I was surprised to find that the majority had never been revaccinated since childhood while some adults, especially amongst the white people, had never been vaccinated at all.

Presumably in the old days the law as regards vaccination of children was not so strictly enforced as to-day and many slight ailments of infancy were no doubt invoked by parents to avoid vaccination of their children.

Ordinance 23 of 1899 makes it compulsory for every child to be vaccinated before the age of nine months. On the whole there are very few defaulters and vaccination of children has become an established custom readily accepted by the whole population. There is however no similar provision in the law for the revaccination of the adult population apart from Ordinance 4 of 1899 which makes vaccination compulsory only in times of epidemics and in infected localities. Greater security will no doubt be afforded if the whole community was protected by revaccination performed at frequent intervals.

Since the occurrence of the case of smallpox imported from Bombay, the Agents of the steamship lines have been informed that all passengers proceeding to Seychelles from a country where smallpox is endemic must produce certificate to the effect that they have been vaccinated not less than 12 days and not more than 3 years prior to embarkation. This regulation is similar to that enforced by the Port Health Authorities in Africa for passengers from India and it embodies the resolution passed at the League of Nations Regional Health Conference held at Cape Town in November 1932. At this conference it was unanimously agreed that protection of an individual from smallpox would be secured by vaccination effectively performed not less than 12 days and not more than 3 years previously or by previous attack of the disease.

That emigrants should be in a protected state before embarking is to the interest of all concerned as this will afford security both to the ship in which they travel and to the country of destination.

Since April 1934 all labourers proceeding to the outlying islands are vaccinated or revaccinated prior to their departure and this affords an opportunity of revaccinating a floating population of about 1,000 yearly.

658 children were vaccinated during 1934 by the Government Medical Officers. The results are given hereunder :—

		Central district	South Mahé district	Praslin and La Digue
Successful vaccinations on first attendance	...	432	161	119
Successful vaccinations on second and subsequent attendance	...	1	33	12
Unsuccessful	...	—	—	—
Total	...	433	194	131

Leprosy.

The following table summarises the situation in the Colony during the past five years.

	1930	1931	1932	1933	1934	1935
Number of known lepers on 1st January	65	71	84	89	87	87
New cases detected during the year	8	16	8	4	5	—
Number of deaths during the year	2	3	3	6	5	—
Number segregated in Asylums	26	40	46	42	36	—
Number segregated at home	45	44	43	45	51	—
Total population of Colony	28,217	27,444	28,235	28,731	29,406	—
Incidence of leprosy i.e. number of lepers per 1,000 inhabitants	2.51	3.06	3.15	3.03	2.95	—

It is sometimes stated that leprosy is spreading to an alarming extent in the Seychelles, in fact that it is on the up curve of an epidemic.

It is difficult to understand the reasons — or the motives — of such statements seeing that a survey of leprosy in the Colony has never been made. That cases of leprosy are perhaps discovered more frequently than in the past do not necessarily mean that the disease is spreading. The increased vigilance and experience of the sanitary inspectors have probably made detection somewhat easier. Besides, most of the cases now discovered are advanced ones, some of them burnt out cases, infected long ago. Even in survey work eminent leprologists maintain that it is not the number of cases detected that matters as an index of the spread of the disease but the age of the patient and the type of cases that are important.

Dr Cochrane, the medical Secretary of the British Empire Leprosy Relief Association expresses himself as follows on this point in his report on the leprosy survey of Ceylon in 1933.

“In any survey it is not the number of cases that matters, but the age and type of cases that is important. An area where the cutaneous type is prevalent is much more serious than one where only nerve cases are seen. If the cases are chiefly neural and children do not seem to be infected, then I think it is legitimate to conclude that the disease is not on the increase, and in that area, and without any special measures being taken, the disease will gradually die out, if, as far as possible, infective cases are prevented from entering. If on the other hand infective cases are common and the incidence amongst children high, I feel that active measures should be taken to endeavour to prevent further spread”.

In this colony the number of cutaneous and neural cases coincide which is of course less satisfactory than if neural cases prevailed. On the other hand the percentage of children known to be infected is low, 4.04% of all those infected. It is possible however that if school children were systematically examined for signs of an early leprotic infection different figures would be obtained.

Anyhow the table above shows that the incidence of leprosy in the colony, from data available, has varied but little for the past five years, except in 1934 when it was slightly lower than during the three preceding years.

The incidence however remains too high for a colony of this size.

The anti-leprosy measures have up to now been organised on the basis of the leprosy Ordinance of 1909 which was enacted in accordance with the then known facts. Under this Ordinance which is now being recast, compulsory segregation either in the form of home isolation or of segregation in a leper camp was enforced on every sufferer from leprosy whether his disease was in the infective stage or not. This system of home isolation for infectious cases is here far from satisfactory as the patients or their guardian, usually a relative, cannot or will not abide by the regulations in spite of careful supervision by the sanitary staff or the police force. Highly infectious cases, with but very few exceptions, should be segregated in institutions. Such institutions however should be made attractive and should have the character of ordinary hospitals where the patients are not kept longer than is strictly necessary. It is now generally admitted that only infectious cases need be segregated but these at least should be effectively segregated. On the other hand those patients who are not discharging any bacilli from skin or mucous membrane cannot be considered a danger to the public and for those the present system of segregation is too irksome and rigid.

Anti-leprosy measures enforced till now gave little chance of detecting early cases or of watching the progress of patients with early signs of a leprotic infection. There is for instance no provision in the present ordinance for the examination of contacts, and in practice this has not been carried out in the past, a measure of the utmost importance in any scheme of prevention. The systematic examination of contacts will allow the detection of early cases which can be treated and prevented from going on to the infective stage. A few years ago in 1927, Sir Leonard Rogers wrote as follows :

“Whenever a leper is discovered, all his household and other closed contacts should be examined for early cases of the disease, and this should be repeated every six months for five years. There is strong evidence, which is given in the work on leprosy by myself and Dr. Muir, that 80% of infections are obtained by living in the same house as a leper, and that in 80% the incubation period before the early symptoms appear is under five years. From this it follows that some 80% of new infections should thus be discovered in an early stage, when they can be cleared up by the modern treatment, and the numbers remaining reduced by 20%, and in another five years the number of new infections would theoretically be reduced to 4% of the original numbers, and that within a single decade. As most of the infective advanced nodular cases would have died off in that time, and the nerve ones would have become uninfected, it is clear that where this plan is practicable leprosy might rapidly be reduced to small proportions, and it is being taken up on my advice in several European countries”.

In the new leprosy ordinance provision for systematic examination of contacts and of patients discharged on parole is clearly indicated.

It is intended next year to carry out if possible a survey of certain selected districts where the disease appears to be more prevalent.

All contacts of new cases are now being systematically examined and so far there has been but little objection to such examinations.

The types of all known cases of leprosy in the Colony have now been classified and the classification used is that recommended by the International Leprosy Conference held at Manila in 1931, N representing purely neural cases, C the purely cutaneous ones while mixed cases are indicated by NC. In each case the numeral following indicates the degree of severity.

Of 87 lepers 7 refused to be examined.

The various classifications are given in the tables below :

TABLE I.

Classification according to type of disease.

Type.	Number.
N1	16
N2	8
N3	16
C1	10
C2	17
C3	8
Mixed	5

It will be seen that the proportion of neural to cutaneous and mixed cases is the same in those examined.

Most of the cases segregated at the camp are burnt out cases some of them having been there for years. Many are badly mutilated and cannot be discharged though they have reached the non-infective stage of their disease.

TABLE II.

Classification according to sex.

Male	47
Female	40

Table III.

Classification according to age.

Age.	Number.	Percentage.
1-15	5	5.74
16-25	12	13.79
26-35	21	24.13
36-45	24	27.58
46-60	21	24.13
Over 60	4	4.59

The peak is reached between 36-45. As leprosy is considered by many authorities to be a disease of childhood and adolescence it is probable that more systematic examination of school children would detect a larger number of early cases in the first two decades of life.

Administrative classification.

	Mahé.			Praslin and La Digue.		
	Segregation camp female	Home isolation	Total	Segregation camp male	Home isolation	Total
Open cases	11	17	28	4	8	12
Closed cases	8	10	18	11	11	22

This classification has been recommended by the Manila Conference in order to facilitate the application of preventive measures to leprosy. "Open" cases are those from which dissemination of bacilli occurs while the "closed" cases are those, formerly described as "bacteriologically negative", which are not discharging any bacilli from skin or mucous membrane. Administrative action including segregation might differ in its application to the two classes.

Most of the closed cases at present in the segregation camps are burnt out cases, who, having reached the crippling stage of their disease, cannot be discharged.

There are 17 open cases in home isolation in Mahé and 8 in the islands of Praslin and La Digue, a total of 25. There are 15 such cases in the segregation camps.

Hydnocreol injections and local application of trichloracetic acid solution are used in the treatment of these patients. There is a small leprosy clinic in Victoria where patients undergoing home isolation come weekly for treatment. At the two leper camps treatment is also administered weekly by the Assistant Medical Officer. Some of the early case undoubtedly improved and two who have been bacteriologically negative at three consecutive examinations made at monthly intervals and who have shown no further signs of the disease will probably soon be discharged on parole.

As already stated the system of home isolation for highly infectious cases is not satisfactory for this colony. About 62 per cent of the known lepers are however undergoing this mode of segregation. It would be very desirable that in so far as possible all those in the infective stage be in future sent for segregation to a suitable island in a modern leper colony. At present the two islands used for segregation are neither satisfactory in themselves. The woman settlement on Round Island Mahé is small, hilly and rocky and has no water supply; this is obtained from Long Island quarantine station near by. The men's settlement is larger but worse in every respect, it has no water and a supply has to be fetched daily from the mainland of Praslin. The latter island is too hilly with no flat ground where the inmates some of them partially crippled, can walk about and take the exercise so much needed in the treatment of their condition. The island is hilly and rocky and all the inmates complain of the excessive heat on it.

Escapes over a shallow reef at low tide are common and the people of Praslin are much concerned about these. The unsuitability of these two settlements was pointed out early in the year and the desirability of securing another island was urged.

Off the main island of Praslin, across a deep channel, lies, in a sheltered position, the island of Curieuse. It has an area of about 900 acres, good vegetation and an abundant supply of fresh water. The size of the island and its pleasant features would allow an ideal leper colony to be set up there and developed on modern lines if sufficient funds were available.

The secret of a successful leper colony is to keep its members busy and happy and this should be possible in Curieuse. Each patient could have a small plot of land allotted to him for growing vegetables, fruits etc. Vegetable gardening is one of the best form of activities for these patients and even the lame could take some part in it. The raising of poultry, rabbits etc. would also be a useful occupation and what is interesting from an economic standpoint is that after a time expenditure on fresh meat and vegetables would be reduced. Cattle could be reared and fresh milk, butter and cheese would be available for the patients.

Both men and women would be accommodated on the same island but I would strongly urge that different sections be set up for the various types or stages of the disease. The segregation of advanced or deformed cases with early ones who come for treatment is to be deprecated. The separation is not only better for hygienic reasons but the psychological effect on the patients in the early stage of the disease must be considerable. They will not have the late, deformed and hopeless cases thrust before their eyes and they will no doubt appreciate this line of demarcation. Such a leper colony would therefore serve two main purposes: segregation and care of the late, helpless case on the one hand, treatment and cure of the early cases on the other. Such an arrangement would be practicable on an island of the size of Curieuse.

Once such a suitable site has been secured and life on it made tolerable and once patients realise that they are not necessarily going there for life, objection to the present segregation elsewhere than at home might be overcome, and the ideal scheme of voluntary isolation might in time replace the present system of compulsory segregation.

In all schemes of leprosy prevention training and propaganda play an important part. I would strongly recommend that our two assistant medical officers during their next leave to India go through a special course of training in leprosy work there. The detection of early cases, especially in school children, must be the main object of an anti-leprosy organisation and special training with modern methods of diagnosis, treatment and prevention of this disease will be invaluable.

One of the great difficulties in leprosy work is the lack of an enlightened public opinion. While the natives here are too careless and indifferent about matters of hygiene generally, many of the more educated people especially amongst the white laymen still hold the mediæval view of leprosy and have exaggerated ideas of its infectivity. For those I might perhaps be allowed to quote an extract from the report of the Leprosy Survey of Ceylon (1933) by a distinguished leprologist, Dr Cochrane the present Medical Secretary of the British Empire Leprosy Relief Association. Under Recommendation IV Training and Propaganda, he expresses himself as follows:

“In pamphlets and lectures with a view to instructing the public the following points should be stressed:

“1. Leprosy is an ordinary disease communicated by close contact by a person in the infectious stage; it is neither venereal in origin nor a curse of God.

“2. Only certain stages are infective, and if cases are declared early then the chances of healing are much better.

“3. Every case does not need treatment; there are many forms which are harmless but need watching periodically.

“4. Only those cases dangerous to the public will be segregated; others can be treated either at a special leprosy prevention centre where such exists or at any Government hospital.

“5. Children in the early stages or employees need not leave their school or place of employment, but should be examined periodically.

“6. The necessity for the periodic examinations of all persons who have come into contact with an infected individual.

“7. A healthy body is the best defence against leprosy and the development of a public health sense is one of the greatest factors against the spread of the disease”.

That leprosy is a disease of bad social and hygienic conditions is not being disproved by the cases met with in this colony.

(c) HELMINTHIC DISEASES.

Ankylostomiasis.—*Ankylostomiasis* remains one of the main causes of chronic ill-health especially amongst the population of some of the country districts.

Since the campaign began in 1917 under the auspices of the Rockefeller Foundation, the Department has continued its work towards the control of this disease. Ordinance No. 9 of 1917 makes the provision of latrine on each premises compulsory but no permanent improvement can be expected so long as the natives will continue to prefer polluting the soil with their excrement instead of using their latrines. The degree of infection of the population as a whole is certainly not so high as when the campaign started in 1917 but until the natives who form the bulk of the population acquire the latrine habit, re-infection is inevitable and mass treatments, repeated at frequent intervals, are the only practicable means of keeping *ankylostomiasis* under control.

Mass treatments were carried out in 1934 at the following centres.

Centres.			Number of patients treated.
Seychelles Hospital	...	...	4,196
Beau Vallon	...	...	363
Anse Etoile	...	...	404
Glacis	...	...	246
Le Niolle	...	...	90
Bel Ombre	...	...	120
Maldiva	...	...	77
La Gogue	..	...	22
Bel Air	...	...	18
Port Glaud	...	...	150
Grand'Anse	...	...	148
Anse Boileau	...	...	477
Anse à La Mouche	...	...	250
Baie Lazare	...	...	477
Takamaka	...	...	194
Quatre Bornes	...	...	303
Anse Corail	...	...	12
Anse Forbans	...	...	10
Bougainville	...	...	195
Anse Royale	...	...	402
Les Canelles	...	...	55
Mont Plaisir	...	...	30
Pointe au Sel	...	...	25
Anse aux Pins	...	...	589
Cascade	...	...	471
Cap l'ernay	...	...	11
Machabé	...	...	51
La Misère	...	...	34

Praslin Island.

Baie St. Anne	...	...	600
Grand Anse	...	...	254

La Digue Island.

La Passe	729
Félicité Island	18
Aride Island	19
Cousine Island	18

Total			<u>11,058</u>
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A total of 11,058 treatments during the year.

The drug used was oil of chenopodium with magnesium sulphate or castor oil.

Once or twice a year all premises are visited by the sanitary inspectors to see that they are kept in a sanitary condition and in accordance with the provisions of Ordinance No. 9 of 1917.

The following prosecutions were entered during 1934 .

For having no latrine :

1 householder was prosecuted.

1 householder was fined Rs. 5.

For insanitary yards :

2 householders were prosecuted.

1 householder was fined Rs. 20 and costs.

1 householder was discharged.

(2) GENERAL MEASURES OF SANITATION.

The Victoria Town Board is the principal Authority for the enforcement of the various sanitary laws in the town of Victoria. In the country districts the local Boards of Health are entrusted with the same duties.

SEWAGE DISPOSAL.

Since October 1933 the system of dumping the excreta in a cofferdam one mile out at sea was discontinued, the cofferdam itself required extensive repairs, and as trenching ground, situated about a mile out of town, was offered for that purpose the system in force until 1930 of disposal of night soil by trenching was once more adopted. Definite directions were issued by the Sanitary Department as to the method of laying out the trenching ground and up to the present this system has been working satisfactorily. No complaints of unpleasant smells or of the presence of flies in the neighbourhood have been received.

Although this mode of disposal of night soil requires careful sanitary supervision it is probably the most suitable one for the colony so long as sufficient ground remains available for that purpose. A sanitary inspector trained in the Medical Department but attached to the Victoria Town Board supervises the work.

COLLECTION AND DISPOSAL OF REFUSE.

In the country districts the local Boards are responsible for the cleanliness of their districts; in the central district, the Victoria Town Board has a staff of men with carts to collect from house to house domestic refuse which is afterwards dumped on the foreshore.

DRAINAGE.

The system employed is that of open gutters to drain the surface water after the rains. There are also a great number of small rivulets which act as natural drains for surface water.

Such a system of drainage is however inadequate at times, especially in some of the rural districts where swamps, which become ideal breeding places for mosquitoes, are seen after heavy rains. The Assistant Medical Officer of Praslin and La Digue draws attention in his report (Appendix B.) to the unsanitary condition resulting from the undrained marshes of the plateau of La Digue. It is hoped that the Local Boards will soon be able to attend to this important matter.

WATER SUPPLY.

The Colony has a good water supply, and for drinking purposes the water, taken directly from the mountains, is pure, palatable and free from pathogenic organisms. Except after heavy rain the water is clear and the supply adequate.

Such a system of water supply implies however careful supervision of the catchment areas and of the reservoirs in order to ensure the absence of pollution of the supply. A special river ranger is needed to patrol the reserves or one of the forest rangers attached to the Department of Agriculture should carry out these duties.

The following prosecutions were entered during the year for pollution of rivers :

- 12 offenders were prosecuted.
- 9 offenders were fined Rs. 32.
- 2 offenders were discharged.
- 1 case was dismissed.

(3) SCHOOL HYGIENE.

Apart from the two secondary schools which are not under Government control, there are 27 grant-in-aid schools at which free elementary education is given, and which are assisted and controlled by Government. Medical inspections of schools are periodically carried out by the medical officers of this Department during the year and a report of these inspections will be found in appendix C.

The health of the children on the whole was good although much dental caries was seen. Ventilation and light in the school rooms were sufficient and there was no overcrowding.

In some schools latrine accommodation was insufficient but on the whole they are fairly clean. Some type of deodoriser is required in most of them and the attention of the managers of the schools has been drawn to this. The teaching of hygiene has been made compulsory in all the grant-in-aid schools. In most of the schools, drill and physical exercises are taught. It is intended as soon as departmental organisation permits to entrust one of the medical officers with the special duties of school medical officer. More frequent inspections of schools and more systematic examinations of children will then become possible and a closer cooperation between the school teachers, who should also be keen hygienists, and the medical officers will result.

(4) LABOUR CONDITIONS.

The bulk of the labourers are of African descent and are mostly engaged in agricultural work on coconuts estates in Mahé and on the outlying islands. Some men are also recruited for work on the islands of Glorieuse and Juan de Nova which are under the administration of Madagascar. Reports from Madagascar show that the sanitary conditions of these French islands are satisfactory and that the scale and type of ration are the same as those laid down for the labourers of the Seychelles outlying islands.

Labourers for outlying islands are now medically examined before their departure and this is in the interests of both owners and labourers.

The floating population of these islands is estimated at about 1000 yearly.

An inspection of Bird and Denis Islands was carried out during the year by the Chief Sanitary Inspector.

Bird Island has a population of 53 while on Denis Island there are 72 inhabitants.

It appears that at both islands insufficient precautions are taken to ensure a safe and pure water supply. Although water-borne diseases are not endemic on these islands, the owners have been requested to comply carefully in future with the recommendations of the Sanitary Authorities relating to this matter. At both islands the health of the labourers was good.

(5) FOOD IN RELATION TO HEALTH AND DISEASE.

Meat and fish sold in the public markets are examined by a sanitary inspector who also attends daily at the public abattoir to inspect the meat before it is sent to the markets.

The bulk of the population are rice eaters. Fish is plentiful and forms an important adjunct to the diet of the poorer classes while others consume a good deal of meat, especially pork. The value of vegetables and fruits is not as fully appreciated as it should.

MEAT INSPECTION AT ABATTOIR BY CHIEF SANITARY INSPECTOR.

Number of oxen slaughtered during the year	352
Number of pigs slaughtered during the year	480
Number of green turtles slaughtered during the year	262
The following were found diseased and destroyed :—	
Three green turtles in putrid condition.	
One pig died before slaughtering.	

In the outlying islands and even in Malé certain managers are striving to encourage their labourers to grow vegetables etc. to supplement their ordinary rations with valuable accessory factors in diet. Few of the native labourers respond readily to such encouragement. The disease locally known as “decoqué” which is usually seen in men returning from the outlying islands and certain cases of neuritis are probably due to a lack of anti-neuritic vitamins in their diet. In the outlying islands only “unpolished rice” can be given as rations, yet cases of beri-beri are still seen occasionally.

Bacca, the native drink, should be a wholesome beverage if made from the pure juice of the cane; it is however heavily adulterated and with injudicious diet accounts probably for much of the chronic ill health and low power of resistance to diseases seen in the natives.

The following prosecutions were entered during the year for breach of food or markets regulations.

- Exposing food for sale unprotected from flies and dust :
 - 4 offenders were prosecuted.
 - 3 offenders were fined Rs. 37.
 - 1 offender was discharged.
- Breach of cattle disease Ordinance :
 - 2 offenders were prosecuted.
 - 1 offender was fined Rs. 7.
 - 1 offender was given the benefit of the doubt.

MEASURES TAKEN TO SPREAD THE KNOWLEDGE OF
HYGIENE AND SANITATION.

Children in grant-in-aid schools receive instructions in elementary hygiene. It is hoped that by closer cooperation between school teachers and medical officers the teaching of elementary hygiene to school children will become more practical and will be made more attractive. The sanitary inspectors are instructed to avail themselves of every opportunity of giving advice to the public on matters of hygiene in the course of their ordinary duties when carrying out sanitary inspections of premises etc. and when giving mass treatment in the ankylostomiasis campaign.

TRAINING OF SANITARY PERSONNEL.

Classes in hygiene and sanitation are held and lectures given by the medical officers to sanitary inspectors.

Instruction is given on the following subjects : tinned food, inspection of bakehouses, manufacture of mineral water and ice, inspection of meat at slaughter house, adulteration of milk, fumigation of cargo and sterilisation of passengers' luggage, construction of sanitary latrines, urinal, modes of disposal of night soil and supervision of this service, modes of control of ankylostomiasis and leprosy etc.

RECOMMENDATIONS FOR FUTURE WORK.

There is an urgent need of a new leper island where a modern leper colony could be set up. This matter has already been referred to under “Leprosy”.

The policy of this Department should aim at the development of public health work as much as our present resources will allow.

Special attention should be paid to the health of school children and to the practical teaching of hygiene in schools.

IV. PORT HEALTH WORK AND ADMINISTRATION.

In this Colony the Port Sanitary Authority is the Senior Medical Officer assisted by a Quarantine Committee composed of this officer as chairman, the Superintendent of Police and three other members appointed annually by the Governor.

The laws and regulations governing quarantine and port health administration are contained in Ordinance 1 of 1916 and Ordinance 33 of 1919. A new Ordinance is under consideration which will be more in accordance with modern practice and with the principles of the International Sanitary Convention. Special local conditions have however to be taken in consideration.

During 1934 the ships that called at Mahé included 4 British men-of-war, 1 French man-of-war, 47 merchant steamers, 1 motor vessel, 9 sailing ships including dhows.

From	Bombay	14
„	Mombasa	23
„	Madagascar	10
„	Mauritius	1
„	Colombo	3
„	Lorenzo Marques	1
„	Kilwa	1
„	Tricomali	1
„	Akhra	1
„	Port Bandor	4
„	Zanzibar	1
„	Beira	1
„	Kutch	2
		<hr/> 62

Free pratique was given to 49 vessels.

Partial pratique was given to 12 vessels.

Full quarantine was imposed on 1 vessel.

Fumigation was carried out on 4 sailing and auxiliary vessels, 3 coming from Madagascar and 1 from the Aldabra group of islands.

4 deratisation certificates were issued.

Number of dead rats found 34.

Fees amounting to Rs. 140 were collected.

Number of passengers who arrived in the Colony 440.

Saloon 173

Deck 267

Number of passengers who left the Colony 320.

Saloon 106

Deck 214

QUARANTINE STATION, LONG ISLAND.

Long Island is situated in the harbour of Port Victoria about 3 miles distant from the mainland. It is a very pleasant little island, green and cool, and when not in use for quarantine purposes, is often visited by officials and others who appreciate a peaceful weekend. It is also a favourite place for picnics and bathing parties.

No one can land on the island without a written permission from the Senior Medical Officer.

On the occasion of the single quarantine which was imposed during the year a case of small pox occurred amongst the passengers quarantined at Long Island. The patient was isolated and nursed at the station while all the other passengers were transferred to Anonyme island, a privately owned island and a favourite holiday resort which had on several occasions before been used for quarantine purposes.

The number of visitors who stayed at Quarantine Station in 1934 was 170.

The number of visitors in picnic parties was 158.

7 passengers from Bombay were detained in quarantine.

Rs. 612.03 were spent during the year for quarantine and maintenance of quarters.

During the year one prosecution was entered for breach of quarantine regulations and the offender fined Rs. 10.

The long needed repairs to the first class quarters at the station were started towards the end of the year.

The second class quarters which had become uninhabitable will also be repaired. Though small these quarters should be made nearly as comfortable as the 1st class ones.

In the past there were two quarantine stations at Long Island: Station 1 now occupied by the 1st class quarters and Station 2 where the 2nd class quarters were situated. A neutral zone separated the two stations. Passengers from two different ships could thus be in quarantine at the same time and on certain occasions Station 2 was used as an isolation hospital for cases of contagious diseases landed on the island or occurring amongst the quarantined passengers, and thus the renting of another island for the contacts was rendered unnecessary.

V. MATERNITY AND CHILD WELFARE.

Following the retrenchment for reasons of economy of the Head-midwife, the Maternity section of the Seychelles Hospital was reorganised. Another midwife at a lower salary was engaged and the Matron of the Hospital became the Matron of the Maternity section as well.

It is pleasing to record that next year there will be a Lady Health Visitor residing at the hospital and going to the central as well as to the country districts visiting expectant mothers, mothers and children. This branch of public health work should prove of great benefit to the native women and children of the poorer classes.

It is intended also next year to have revision courses arranged at the maternity section for those midwives who still receive a retaining fee from Government for free attendance on pauper patients in rural districts. Some of these midwives have not been near a hospital for years and their technique and practical knowledge at times leave much to be desired. If they are to be retained as district midwives they should attend each in turn a three months course of revision and practical work at the maternity section of the hospital under the supervision of the Medical Officer in charge.

While attending revision course they will continue to draw their usual salary and will in addition be allowed free quarters and rations. It is therefore in their interest as well as in the interest of their patients that these revision courses will be arranged. Classes in practical midwifery are held and lectures given regularly to probationary nurses by one of the staff.

During the year one probationer qualified for her midwife certificate and one received the diploma of Medical and Surgical Nursing and Midwifery.

213 patients were admitted to the Maternity section in 1934; in addition there were 11 remaining from 1933.

There were 167 live births including two cases of twins.

Forceps under chloroform were applied four times.

There were 12 still-births against 16 in 1933 and two deaths of new born against five in 1933. The two deaths were due to congenital syphilis.

There were 11 cases of miscarriages or abortions in 1934 against 13 in 1933.

Two maternal deaths occurred during the year: one due to nephritis and anuria in a woman who had had a 4½ months abortion outside the hospital and had been sent in on the eve of her death. The other woman died suddenly from pulmonary embolism four days after a perfectly normal confinement and with an uneventful afebrile puerperium till the time of her death.

The percentage of still-births is again high and is mainly due to congenital syphilis. It is to be hoped however that with ante-natal clinics more extensively developed progress will be made and the still-birth rate will gradually decrease.

Ante-natal and infant welfare clinics are held at the Seychelles Hospital twice a week.

There are twenty beds in the Maternity section, 2 in first class, 6 in second class, 12 in third class.

VI. HOSPITAL, DISPENSARIES, AND VENEREAL DISEASES CLINIC.

The main institution is the Seychelles Government Hospital opened in 1924. It is a spacious building in a splendid situation overlooking the small islands which encircle the harbour of Victoria. Including the maternity section it has 90 beds but there is sufficient space to accommodate a larger number of patients if it ever became necessary.

824 patients (362 males 462 females) were admitted during the year.

There were in addition 35 patients (15 males 20 females) remaining in hospital on 1st January 1934.

The total number of patients treated in 1934 was 859.

278 males and 407 females were discharged as cured.

56 males and 36 females were discharged as relieved.

16 males and 18 females were discharged as unrelieved.

There were 22 deaths in Hospital in 1934 against 23 in 1933.

The estimated cost of food per head of a third class patient is 50 cents per day, that of second class Rs. 1.50. There are two rates in the first class, A and B. The cost in A is estimated at Rs. 2.50 per day and in B at Rs. 2.00.

PHARMACY AND ADMINISTRATIVE OFFICES.

Early in the year, in order to centralize the various branches of the Department under one roof, the administrative offices and the Government Pharmacy were transferred to the Seychelles Hospital where sufficient space was available for that purpose.

The advantages of such centralisation, especially in these days of reduced personnel, were very soon appreciated.

COTTAGE HOSPITAL PRASLIN.

A full report of the work carried out at the Cottage Hospital is given in appendix B by the Assistant Medical Officer of Praslin.

VENEREAL DISEASES CLINICS.

These clinics are held twice a week.

Bismuth injections in the form of Bicroel as well as arsenical preparations are administered. 809 injections were given at the venereal clinic in 1934 against 769 in 1933.

Venereal clinics are also held at South Mahé, Praslin and La Digue and are referred to in their reports by the Assistant Medical Officers of these districts.

This Colony is a signatory to the International Agreement signed at Brussels in 1924 providing facilities for the free treatment of venereal diseases to all merchant seamen irrespective of their nationality. The treatment centre is at the Seychelles Hospital.

X-RAY AND ELECTRO-MEDICAL DEPARTMENT.

There is a modern X-Ray and electro-therapeutic Department functioning since 1929 and which is proving of great assistance in the work of the Hospital.

During the year 126 radiosopic and radiographic examinations were carried out, of which 71.4% were free.

Diathermy treatment and Ultra-Violet irradiations with the quartz mercury vapour lamp are also applied in this Department and a good many hospital patients of the poorer classes received free electro-medical treatment during the year.

SURGICAL OPERATIONS PERFORMED AT THE SEYCHELLES HOSPITAL.

Operations performed in 1934 numbered 383 against 345 in 1933. 380 were cured and 3 died.

LIST OF OPERATIONS.

Operations.	No.	Cured.	Imposed.	Died.	Remarks.
ABDOMINAL.					
For Appendicitis.					
acute	6	6	...	...
sub-acute	5	5	...	...
chronic	11	11	...	...
For perforated gastric ulcer	1	...	...	1	admitted 20 hours after perforation.
For hernia :					
Strangulated	8	8	...	...
Inguinal	19	19	...	...
Femoral	1	1	...	...
Ventral	1	1	...	...
For intestinal obstruction (volvulus)	1	...	...	1	
For Pancreatitis and Peritonitis	1	1	...	...
For Tubercular Peritonitis	1	...	...	1	
GENITO URINARY.					
Hysterectomy	6	6	...	...
Salpingo-Oophorectomy	7	7	...	...
Hydrocele (radical cure)	4	4	...	...
Circumcision	1	1	...	...
Dilations and Curettage	3	3	...	...
Perineorrhaphy	1	1	...	...
Removal of new growths					
Bening	3	3	...	...
Malignant	3	3	...	...
Miscellaneous (major and minor)	300	300	...	...
	383	380	...	3	

PRISONS AND ASYLUMS.

The Senior Medical Officer carries out the duties of Police Surgeon and of Prison Medical Officer.

During the year the health of the prisoners was on the whole satisfactory. The rations supplied are adequate and of good quality.

The minimum number of prisoners during the year was 27, the maximum 93, the daily average 58.

The total number of prisoners sent to the Hospital for treatment during 1934 was :

12 males.

1 female.

At the hospital there is a ward specially prepared to receive male prisoners.

The sanitary conditions of the prison remained satisfactory throughout the year.

LUNATIC ASYLUM ANSE ROYALE.

The Medical Superintendent of the Lunatic Asylum is the Assistant Medical Officer of South Mahé whose detailed report on the Asylum will be found in Appendix A.

PAUPER ASYLUM OR FIENNES INSTITUTE.

The Institute is situated at Plaisance about two miles from Victoria. It has accommodation for about 130 paupers. It is visited by a medical officer twice a week and at other times if necessary.

The daily average number of paupers in 1934 was 92.

There were 30 deaths during the year mainly from cerebral hæmorrhage, syphilis and senile decay.

The actual expenditure for maintenance of paupers was Rs. 6,678.95 which represents a saving of Rs. 921 05 on the amount voted.

The number of patients admitted during the year was 56 and the number discharged 24.

The health of the inmates considering their advanced age was fair throughout the year. Most of them occupy themselves in making mats, baskets and brooms. The cost of materials for these industries was Rs. 147 and the sale of the finished articles realised Rs. 124.

VIII. METEOROLOGY.

This has been supplied by the Port Officer and is given in tabular form in Table IV.

IX. SCIENTIFIC.

In the laboratory at the hospital the usual analysis and bacteriological examinations of sputum, urine, fæces, pus and other exudates are carried out. A large number of bacteriological examinations of nasal smears and scrapings for lepra bacilli were made during the year for the administrative classification of all the known cases of leprosy in the Colony.

In concluding this report it is my pleasant duty to thank all members of the Department for their willing co-operation and assistance during the year.

E. M. LANIER,

Senior Medical Officer.

TABLE I.

RETURN SHOWING THE MEDICAL STAFF AND THE PRINCIPAL
MEMBERS OF THE SUBORDINATE STAFF.

Names.	Rank of appointment.	Where stationed on 31st Dec. 1934.	Remarks.
	Senior Medical Officer		Vacant
E. M. Lanier M.D. M.R.C.S. ...	Resident Surgeon	Seychelles Hosp.	acting as S.M.O. since 1/10/33
K. C. Mathew M.B. B.S. ...	Asst. Medical Officer	South Mahé	
P. M. Joseph M.B. B.S. ...	Asst. Medical Officer	Praslin and La Digue	
J. E. Houareau ...	Dispenser	Victoria	
H. Barallon ...	Asst. Dispenser	"	
A. Loustau—Lalaune ...	2nd clerk and Store keeper.	"	
Sister Catherine ...	Matron Hospital	Seychelles Hosp.	
" Yvonne ...	Hospital Nurse	"	
" Laure ...	Hospital Nurse	"	
Mrs. Man Cham C.M. ...	Midwife	"	
C. Collie C.M. ...	"	"	
Five probationary nurses ...	Probationers	"	
F. Westergreen ...	Sanitary Inspector	Victoria	
J. Hickey ...	Night Sanitary Inspector	"	
M. Grandcourt ...	Asst. Sanitary Insp.	South Mahé	
D. Morel ...	"	Victoria	
E. Forte ...	Master Fiennes Institute.	Plaisance	
G. Hodoul C.M. ...	Nurse "	"	
M. Payet ...	Head Male Attendant	Lunatic Asylum South Mahé	
N. Jumeau ...	Head Female Att.	"	
J. Faure C.M. ...	Midwife & Nurse Cottage Hospital	Praslin	

TABLE II.

A return of Medical and Sanitary Revenue and Expenditure has been given at the beginning of this report under C. Financial.

TABLE III.

RETURN OF STATISTICS OF POPULATION FOR THE YEAR.

	Males.	Females.	Total.
Number of inhabitants in 1934. ...	14,283	15,123	29,406
Number of births during 1934. ...	419	443	862
Number of deaths during 1934. ...	171	146	317
Number of immigrants during 1934. ...	268	172	440
Number of emigrants during 1934. ...	200	110	310
Number of inhabitants in 1933. ...	13,967	14,764	28,731
Increase. ...	316	359	675

TABLE IV.

METEOROLOGICAL RETURN FOR 1934.

1934		Temperature						Rainfall		Winds		Deaths	Remarks.
Months	Barometer Pressure in inch	Solar Maximum	Shade Maximum	Shade Minimum	Range	Mean	Amount in Inches	Relative Humidity %	Directions of Wind	Average force	Deaths per month		
January	...	126	81.2	76.1	5.1	78.6	12.85	77.6	NW.	11.0	29		
February	...	128	82.4	76.9	5.6	79.6	21.36	76.8	NW.	6.4	21		
March	...	132	83.5	77.6	5.9	80.5	6.63	74.0	NW.	5.5	23		
April	..	134	85.6	78.8	6.8	82.2	4.16	67.0	ESE.	4.7	32		
May	..	129	83.3	78.2	5.1	80.7	5.65	74.7	ESE.	11.6	28		
June	...	119	80.6	78.5	2.1	79.5	2.54	80.0	ESE.	17.8	31		
July	..	118	79.2	75.5	3.7	77.3	22.90	80.0	SE.	17.5	20		
August	...	120	80.7	75.8	4.9	78.2	14.30	77.4	ESE.	18.0	30		
September	..	124	80.9	76.1	4.8	78.5	23.25	78.8	ESE.	15.3	23		
October	..	133	81.5	76.7	4.8	79.1	4.84	76.2	ESE.	10.3	33		
November	...	136	82.7	76.6	6.1	79.6	8.53	78.9	NW.	6.3	24		
December	..	154	82.7	76.0	6.7	79.3	18.05	80.2	NW.	5.1	23		

TABLE V.

Return of Diseases and Deaths (In-Patients) in 1934 at the Seychelles Hospital.

Diseases.	Remaining in Hospital at end of 1933.	Yearly Total.		Total Cases Treated	Remaining in Hospital at end of 1934.	Remarks.
		Admissions.	Deaths.			
I. EPIDEMIC, ENDEMIC AND INFECTIOUS DISEASES.						
Malaria, subtertian	...	3	...	3	...	
Influenza	...	25	...	25	...	
Dysentery, Amoebic	...	14	...	14	...	
Tetanus	...	2	1	2	...	
Tuberculosis of the lungs	...	6	1	6	1	
„ of the meninges	...	2	1	2	...	
„ of the intestines	...	2	1	2	...	
„ of the knee	...	1	...	1	...	
Syphilis, tertiary	...	7	...	7	1	
Soft Chancre	...	5	...	5	...	
Gonorrhœa and its complications	2	14	...	16	...	
Gonorrhœal Ophthalmia	...	5	...	5	...	
„ Arthritis	...	1	...	1	...	
Condilomata Vulvæ	...	1	...	1	...	
Septicæmia	...	2	1	2	...	
II. GENERAL DISEASES NOT MENTIONED ABOVE.						
Carcinoma of Gall Bladder	...	1	1	1	...	
„ Cervix uteri	...	5	...	5	...	
„ Breast	...	2	...	2	...	
Other Malignant Tumours	1	2	...	3	...	
Tumours, non-malignant	...	3	...	3	...	
Rheumatism Acute	1	4	...	5	...	
„ Chronic	...	10	...	10	1	
Diabetes	...	10	1	10	...	
Anæmias	1	15	...	16	3	
Pyemia	...	1	...	1	1	
III. AFFECTIONS OF THE NERVOUS SYSTEM AND ORGANS OF SENSES.						
Cerebral Hæmorrhage	...	4	3	4	...	
Acute Mania	...	1	1	1	...	
Hysteria	...	2	...	2	...	
Neuralgia	...	4	...	4	...	
Pleurodynia	...	1	...	1	...	
Sciatica	...	1	...	1	...	
Vertigo	...	1	...	1	...	
Neurosis	...	2	...	2	...	
Affections of the Organs of Vision						
Excision of eye ball	...	1	...	1	...	
Conjunctivitis	...	3	...	3	...	
Ecchymosis of eye lid	...	1	...	1	...	
Affections of the Ear or Mastoid Sinus						
Otorrhœa	...	6	...	6	...	
Otalgia	...	1	...	1	...	
Carried forward	5	171	11	176	7	

TABLE V.—(Continued.)

Diseases.		Remaining in Hospital at end of 1933.	Yearly Total		Total Cases Treated.	Remaining in Hospital at end of 1934.	Remarks
			Admissions	Deaths			
Brought forward	...	5	171	11	176	7	
IV. AFFECTIONS OF THE CIRCULATORY SYSTEM.							
Adherent Pericardium	...	...	6	...	6	...	
Acute Myocarditis	...	1	2	1	3	...	
Chronic Myocarditis	...	...	9	1	9	...	
Endocarditis	...	...	4	2	4	...	
Diseases of the Arteries							
Aneurism	...	...	1	...	1	...	
Aterio-Sclerosis	...	...	2	...	2	...	
Diseases of the Veins							
Hæmorrhoids	...	...	1	...	1	...	
Phlebitis	...	...	1	...	1	1	
Diseases of the Lymphatic System							
Adenitis	...	...	11	...	11	...	
V. AFFECTIONS OF THE RESPIRATORY SYSTEM.							
Diseases of the Nasal Passages							
Polypus	...	...	1	...	1	...	
Adenoids	...	...	3	...	3	...	
Rhinitis	...	...	1	...	1	...	
Sinusitis	...	1	3	...	4	...	
Affections of the Larynx							
Laryngitis	...	...	3	...	3	...	
Bronchitis-Chronic	...	...	5	...	5	...	
Broncho-Pneumonia	...	...	3	...	3	...	
Lobar-Pneumonia	...	...	2	...	2	...	
Pleurisy	...	...	5	...	5	1	
Asthma	...	...	18	...	18	...	
VI. DISEASES OF THE DIGESTIVE SYSTEM.							
Dental Abscess	...	...	8	...	8	...	
Affections of the Pharynx or Tonsils							
Peritonsillar Abscess	...	...	5	...	5	...	
Tonsilitis	...	...	7	...	7	...	
Gastric Ulcer	...	...	1	1	1	...	
Gastritis	...	...	7	...	7	1	
Gastro Enteritis	...	...	1	...	1	...	
Gastralgia	...	...	3	...	3	...	
Enteritis	...	...	7	1	7	...	
Ankylostomiasis	...	...	3	...	3	...	
Ascariasis	...	...	2	...	2	...	
Appendicitis	...	1	26	...	27	1	
Hernia Umbilical	...	...	1	...	1	...	
" Inguinal	...	...	21	...	21	1	
" Strangulated	...	...	8	...	8	...	
Fistula in ano	...	1	6	...	7	...	
Carried forward	...	9	358	17	367	12	

TABLE V.—(Continued.)

Diseases.		Remaining in Hospital at end of 1933.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1934.	Remarks.
			Admissions	Deaths			
Brought farward	...	9	358	17	367	12	
DISEASES OF THE DIGESTIVE SYSTEM.—(Continued.)							
Prolapse	...	...	1	...	1	...	
Constipation	...	...	2	...	2	...	
Cirrhosis of Liver	...	...	4	...	4	...	
Biliary Colic	...	...	2	...	2	...	
Liver Abscess	...	...	2	...	2	...	
Hepatitis	...	1	10	...	11	...	
Jaundice	...	...	2	...	2	...	
Peritonitis	...	...	2	...	2	1	
Abdominal Colic	...	...	9	...	9	...	
Volvulus	...	...	1	1	1	...	
Melæna	...	...	4	...	4	...	
VII. DISEASES OF THE GENITO URINARY SYSTEM. (NON-VENERAL).							
Acute Nephritis	...	...	2	...	2	1	
Hæmaturia	...	...	4	...	4	...	
Uræmia	...	...	2	...	2	...	
Renal Colic	...	...	6	...	6	...	
Cystitis	...	...	3	...	3	...	
Stricture	...	1	12	...	13	...	
Urethritis	...	1	...	...	1	...	
Prostatitis	...	...	1	...	1	...	
Epididymitis	...	...	5	...	5	1	
Orchitis	...	1	4	...	5	1	
Hydrocele	...	...	4	...	4	...	
Phimosis	...	...	1	...	1	...	
Salpingitis	...	...	5	...	5	...	
Uterine Fibroid	...	...	14	...	14	3	
Menorrhagia	...	...	1	...	1	...	
Metritis	...	...	8	...	8	1	
Dysmenorrhœa	...	...	1	...	1	...	
Endometritis	...	...	2	...	2	...	
Ovaritis	...	...	9	...	9	...	
Uterine Prolapse	...	...	1	...	1	...	
VIII. PUERPERAL STATE.							
A Normal Labour	...	11	162	...	173	3	
B Accidents of Pregnancy	...	...	...	...	...	...
Abortion	...	...	12	...	12	...	
Carried forward	...	24	656	18	680	23	

TABLE V.—(Continued.)

Diseases.		Remaining in Hospital at end of 1933.	Yearly Total.		Total Cases Treated.	Remaining in Hospital at end of 1934.	Remarks.
			Admissions	Deaths			
Carried forward	...	24	656	18	680	23	
PUERPERAL STATE.—(Continued.)							
Other accidents of Pregnancy	...	...	19	...	19	...	
Other accidents of Parturition	...	...	17	...	17	...	
Puerperal Hæmorrhage	...	...	1	...	1	1	
Puerperal Eclampsia	...	...	2	...	2	...	
Puerperal Nephritis	...	...	1	1	1	...	
Pulmonary Embolism	...	...	1	1	1	...	
Puerperal affections of the breast	...	...	2	...	2	...	
IX. AFFECTIONS OF THE SKIN AND CELLULAR TISSUES.							
Gangrene	...	...	1	...	1	...	
Boil	...	...	3	...	3	...	
Carbuncle	...	...	1	...	1	...	
Abscess	...	2	30	...	32	2	
Cellulitis	...	...	8	...	8	...	
Eczema	...	...	1	...	1	...	
Elephantiasis	...	...	1	...	1	...	
Ulcers	...	1	19	...	20	1	
X. DISEASES OF BONES AND ORGANS OF LOCOMOTION.							
Periostitis	...	...	2	...	2	...	
Arthritis	...	...	5	...	5	...	
XI. MALFORMATION.							
Talipes Equino-Varus	...	...	5	...	5	...	
XIII. AFFECTIONS OF OLD AGE.							
Senile decay	...	...	4	1	4	...	
XIV. AFFECTIONS PRODUCED BY EXTERNAL CAUSES.							
Corrosive Sublimate Poisoning	...	...	1	1	1	...	
Burns	...	2	4	...	6	...	
Wounds and Injuries	...	1	19	...	20	...	
Shark bite	...	...	1	...	1	...	
Dog bite	...	...	2	...	2	...	
Dislocation	...	...	1	...	1	...	
Fractures	...	3	13	...	16	...	
XV. ILL-DEFINED DISEASES.							
Asthenia	...	...	1	...	1	...	
Observations	...	2	3	...	5	...	
Grand Total	...	35	824	22	859	27	

TABLE VI.

RETURN OF PATIENTS TREATED AT THE DISPENSARIES.

Month.	Seychelles Hospital.		Anse Royale.		Praslin.		Total.
	M	F	M.	F.	M.	F.	M. & F.
January ...	52	137	153	103	40	56	541
February ...	65	150	81	61	44	68	469
March ...	70	173	103	100	39	52	537
April ...	65	208	137	75	48	60	593
May ...	77	227	144	117	68	92	725
June ...	68	162	118	102	56	33	539
July ...	75	199	105	90	41	50	560
August ...	124	232	91	87	81	57	672
September ...	108	301	76	79	94	57	715
October ...	127	328	98	111	79	79	822
November ...	110	324	80	135	68	64	781
December ...	97	256	126	81	48	68	676
Total ...	1,038	2,697	1,312	1,141	706	736	7,630

APPENDIX A.

ANNUAL MEDICAL REPORT
OF THE ASSISTANT MEDICAL OFFICER
SOUTH MAHÉ
For the year
1934.

The general health of the district was comparatively good during the year.

Out-patients.—2,453 patients were treated at the free dispensary as against 1,275 of 1933.

Venereal Clinic.—Largely attended. Bicareol injections regularly given to an average of 25 patients per month.

Lepers.—7 lepers live in segregation who are given regular treatment at the dispensary.

Vaccination.—194 children vaccinated during the year.

Ankylostomiasis.—The posts of the Sanitary Inspector in charge of the latrines inspection and the dispenser who distributed *Chenopodium* have been abolished since June 1934. This work is now carried out by one of the male attendants attached to the Lunatic Asylum.

Schools.—The schools of the districts were inspected during the year and the report forwarded.

Lunatic Asylum.—Staff. The following changes in the staff of the Asylum were made with a view to economy. Male-side. The posts of the Head Male Attendant and Gatekeeper were abolished. Instead one additional attendant on a smaller pay was recruited. He was also to inspect the latrines of the district and to dispense *chenopodium*. Female-side. The post of the Head Female Attendant abolished. Instead an additional Female Attendant at Rs. 12 per month was recruited to help the night female attendant on duty.

The salary of the cook was reduced from Rs. 20 to Rs. 15.

These adjustments reduced the recurring expenditure of the Asylum on personal emoluments from Rs. 367 to Rs. 169 per month.

This reckoned with the saving effected by the abolition of the posts of dispenser and sanitary inspector would also make a total annual saving of about Rs. 3,600 on the recurring personal emoluments alone of the medical expenditure of the district.

The annual returns of the Asylum and dispensary are appended hereafter.

(Signed) K. C. MATHEW,
Assistant Medical Officer.

Anse Royale, 26th January, 1935.

ANSE ROYALE DISPENSARIES.

<i>Vaccination</i> :—Successful.	1st time	161
do	2nd time	9
do	3rd time	24
Total		<u>194</u>

RETURN OF PATIENTS TREATED AT SOUTH MAHE DISPENSARIES.

Month.	Old.		New.		Total.
	M.	F.	M.	F.	M. & F.
January	128	88	25	15	256
February	73	53	8	8	142
March	91	82	12	18	203
April	126	59	11	16	212
May	129	99	15	18	261
June	108	80	10	22	220
July	87	75	18	15	195
August	79	67	12	20	178
September	60	68	16	11	155
October	85	83	13	23	209
November	69	115	11	20	215
December	113	73	13	8	207
Total	1,148	947	164	194	2,453

TABLES SHOWING THE ADMISSIONS, DISCHARGES, DEATHS FOR EACH YEAR
FROM THE OPENING OF THE ASYLUM 13th MARCH 1906.

Years	Admitted.			Discharged.									Died.			Remaining in Asylum inclu. ding those out on trial 31st Dec. each year			Remarks
				Recovered.			Relieved.			Not improved.									
	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	M.	F.	T.	
1906	2	2	4	—	—	—	—	—	—	—	—	—	1	—	1	1	2	3	
1907	3	3	6	—	—	—	—	—	—	—	—	—	—	—	—	4	5	9	
1908	7	1	8	2	—	2	1	—	1	—	—	—	3	1	4	5	5	10	
1909	12	2	14	4	—	4	—	—	—	—	—	—	—	—	—	13	7	20	
1910	3	3	6	2	1	3	—	—	—	—	—	—	1	—	1	13	9	22	
1911	4	3	7	2	1	3	—	—	—	—	—	—	4	—	4	11	11	22	
1912	5	2	7	3	1	4	1	—	1	1	—	1	2	2	4	9	10	19	
1913	2	5	7	2	1	3	—	—	—	—	—	—	1	—	1	8	14	22	
1914	5	3	8	—	1	1	—	1	1	—	—	—	1	2	3	12	13	25	
1915	3	6	9	1	—	1	—	—	—	—	—	—	2	3	5	12	16	28	
1916	4	2	6	1	1	2	—	—	—	—	—	—	1	7	8	14	10	24	
1917	1	2	3	—	—	—	—	—	—	1	1	2	2	2	4	12	9	21	
1918	2	9	11	2	—	2	—	—	—	—	—	—	3	4	7	9	14	23	
1919	6	—	6	2	1	3	—	—	—	—	—	—	—	3	3	13	10	23	
1920	4	3	7	5	—	5	—	—	—	—	1	1	2	2	4	10	10	20	
1921	5	5	10	1	2	3	—	—	—	—	2	2	1	2	3	13	9	22	
1922	4	5	9	1	—	1	—	—	—	—	—	—	3	3	6	13	11	24	
1923	6	—	6	—	—	—	3	—	3	—	—	—	1	1	2	15	10	25	
1924	5	3	8	1	1	2	—	—	—	—	—	—	5	—	5	14	12	26	
1925	3	4	7	2	1	3	—	—	—	—	—	—	2	2	4	13	13	26	
1926	5	4	9	1	2	3	—	—	—	1	1	2	1	2	3	15	12	27	
1927	6	—	6	—	1	1	1	—	1	—	—	—	5	—	5	15	11	26	
1928	4	4	8	3	—	3	—	3	3	—	—	—	4	1	5	12	11	23	
1929	5	2	7	1	—	1	1	3	4	—	—	—	3	3	6	12	7	19	
1930	4	3	7	1	—	1	2	1	3	—	—	—	2	—	2	11	9	20	
1931	3	3	6	—	—	—	1	1	2	—	—	—	4	—	4	9	11	20	
1932	5	4	9	2	1	3	—	1	1	—	—	—	1	—	1	11	13	24	
1933	6	4	10	1	—	1	—	—	—	—	—	—	1	4	5	15	13	28	
1934	2	2	4	—	—	—	1	1	2	—	—	—	2	1	3	14	13	27	

TABLE SHOWING CONDITION AS MARRIAGE, PROBABLE CAUSE OF INSANITY, MENTAL DISEASE AND OCCUPATION

OF PATIENTS FOR THE YEAR 1934.

Condition in reference to Marriage.	Males.	Females.	Total.	Probable Cause of Insanity.	Males.	Females.	Total.	Form of Mental Disease.	Males.	Females.	Total.	Occupation.	Males.	Females.	Total.
				<i>Moral.</i>											
Married	2	6	8	Domestic trouble	...	...	...		...	...	...	Clerk	1	...	1
				Adverse circumstances	...	...	...		...	...	...
				Mental anxiety and worry	...	...	...		...	...	...	Labourer	4	2	6
				Religious excitement	...	1	1		...	1	1				
Single	11	5	16	Love affairs	...	...	...		...	...	...	Proprietor	1	2	3
				Fright and nervous shock	...	...	...		...	...	...
								
Widow	...	2	2	<i>Physical.</i>											
				Intemperance in drink	...	...	...		...	1	1	Mason	1	...	1
				" sexual	...	...	...		...	2	3	Sailor	...	...	...
Widower	1	...	1	Venereal disease	...	3	3		...	3	6		...	...	...
				Self abusive sexual	...	...	...		...	...	...	Washerwoman	...	1	1
				Over exertion	...	...	...		...	...	...		...	...
				Stroke	...	...	...		...	...	...		...	...
Unknown	...	...	...	Parturition and the puerperal state	...	1	1		...	1	1	Unknown	8	7	15
				Lactation	...	...	...		...	...	...
				Uterine and ovarian disorders	...	...	...		...	...	...
				Puerperal	...	1	1		...	...	...	
				Change of life	...	...	...		...	...	...
				Fever	...	...	...		...	...	...
				Privation and starvation	...	...	...		1	...	1				
				Old age	...	...	...		...	...	...
				Other bodily disorders	...	...	3		...	...	...	
				Previous attack	...	4	13		...	...	...	
				Hereditary influences	...	...	...		...	...	...
				Congenital defect	...	...	...		...	1	1				
				Accident or Injury	...	...	...		...	...	...
				Pregnancy	...	...	...		1	...	2				
				Other accidental causes	...	...	...		...	...	...
				Unknown	...	...	...		...	...	...
	14	13	27		14	13	27		14	13	27		15	12	27

TABLE SHOWING THE NUMBER OF PATIENTS FOR EACH MONTH IN THE ASYLUM, THEIR COST AND THE AMOUNT CONTRIBUTED BY PAYING PATIENTS TOWARDS MAINTENANCE FOR 1934.

Month	No. of patients			Cost						Cost of Washing per month for a patient		No. of Pay- ing patients			Total amount contributed by paying patients		Classes of paying patients		Remarks
				Total daily		Per Head		Patient per month											
	Males	Females	Total	Rs	c.	Rs	c.	Rs	c.	Rupees	cents	Males	Females	Total	Rupees	cents	1st Class	2nd Class	
January ...	15	13	28	9	46	...	29	8	99	...	42	1	2	3	65	00	1	2	
February ...	15	13	28	9	54	...	30	8	40	...	34	1	2	3	59	00	1	2	
March ...	15	13	28	9	15	...	28	8	68	...	32	1	2	3	65	00	1	2	
April ...	15	13	28	9	06	...	28	8	40	...	47	1	2	3	63	00	1	2	
May ...	15	13	28	7	67	...	24	7	44	...	32	...	2	2	48	50	1	1	
June ...	14	14	28	7	52	...	23	6	90	...	31	1	2	3	55	00	1	2	
July ...	14	13	27	7	56	...	23	7	13	...	41	1	2	3	65	00	1	2	
August ...	15	14	29	7	65	...	22	6	82	...	29	1	2	3	65	00	1	2	
September ...	14	14	28	7	80	...	23	6	90	...	32	1	3	4	74	50	2	2	
October ...	14	14	28	8	21	...	24	7	44	...	41	1	3	4	94	00	2	2	
November ...	13	14	27	8	12	...	24	7	20	...	33	1	3	4	88	00	2	2	
December ..	12	13	25	8	47	...	25	7	75	...	39	1	2	3	80	50	2	1	

TABLE SHOWING THE ADMISSIONS, RE-ADMISSIONS, DISCHARGES AND DEATHS DURING THE YEAR ENDING 31st DECEMBER 1934.

	Males.	Females.	Total.	Males.	Females.	Total.
In Asylum including those out on Trial. ...	15	13	28	...	...	...
CASES ADMITTED DURING 1934.						
First admission ...	2	1	3	...	...	...
Not first admission ...	...	1	1	...	...	...
Total Cases under care during the year. ...	17	15	32	17	15	32
CASES DISCHARGED DURING 1934.						
Recovered ...	...	...	...	...	...	...
Relieved ...	1	1	2	...	...	...
Not improved ...	...	...	...	...	...	...
Died ...	2	1	3	...	...	...
Total Cases discharged and died during the year. ...	3	2	5	3	2	5
Remaining in Asylum 31st December 1934 including those out on Trial. ...				14	13	27

LUNATIC ASYLUM 1934.

FINANCIAL

REVENUE

Fees payable by patients Rs. 822.50

ESTIMATED EXPENDITURE Rs. 8831.00

Upkeep of Asylum and Asylum grounds „ 49.80
 Salaries of attendants and cook „ 3867.08
 Maintenance of lunatics „ 3576.72

ACTUAL EXPENDITURE „ 7492.80

Balance in favour on 31.12.34 Rs. 1338.20

APPENDIX B.

**ANNUAL MEDICAL REPORT
OF THE ASSISTANT MEDICAL OFFICER,
PRASLIN AND LA DIGUE,
For the year
1934.**

General Remarks.—The general health of these districts was fair, there being no epidemic outbreak of any disease during the year. Venereal diseases and secondary anaemia are very common, and amœbic dysentery is endemic in these districts.

During the heavy rains of the latter half of the year. The plateau of La Digue and Grand'Anse Praslin were repeatedly flooded, from the marches which lie at the foot of the ranges of hills and in between the plateaus and hills. The pit latrines which are the only type of latrines in these places are also flooded during the general floods. After a flood has passed away the soil remains damp, and stagnant water collects into small puddles and pits which serve as very good breeding places for mosquitoes which are rather plentiful there. The large majority of the population walking about barefooted during the floods and after, can easily get infected with-worms which is endemic there. So from the public health point of view these general floods should be prevented by suitable means as soon as possible.

These floods are of more serious consequence to La Digue, as nearly the entire population of this island lives in the plateau. So I suggest that these floods be prevented in future by opening out the natural outlets of the marches and by constructing a few new drains from these marshes to the sea so that no accumulation of water takes place in these marshes. Further to prevent the dampness of the soil all the small pools and puddles are to be connected with the marsh by the small drains.

Ankylostomiasis Campaign.—Mass treatment for ankylostomiasis was regularly carried out in the different parts of the district. The latrines were regularly inspected with a view to supervise their sanitary state, by the Assistant Sanitary Inspector till the month of June when his post was retrenched.

School Inspection.—The schools in this district were all inspected towards the end of the year and report forwarded. There were several school children suffering from carious teeth, secondary anaemia, skin diseases and deficiency diseases, and they were all given free treatment at the Government dispensaries. In all 223 school children were treated and these are not included in the table showing the pauper cases treated at the different dispensaries.

Vaccination.—In all 131 children received successful primary vaccination during the year. Of these 10 had to be vaccinated a second time and 2 children a third time.

I. SEGREGATED CASES OF LEPROSY.

Leprosy.—In the beginning of the year there were 21 cases segregated in these islands, 15 of them being in Praslin and 6 in La Digue. A new case was discovered in Praslin towards the end of the year and another from the male leper camp was segregated in Praslin. Thus at the end of the year there are 17 cases in Praslin and 6 in La Digue thus making a total of 23 cases in all.

II. MALE LEPER CAMP PRASLIN.

There were 23 inmates in the beginning of the year. During the year one was discharged from the camp to be segregated in Praslin and 4 inmates died; two of these due to old age and the two others, though young men, were very advanced cases of nodular leprosy which showed little or no improvement to the hydnoceol treatment. At the end of the year there are 18 inmates.

Some of the inmates continue to abscond from the camp as before during the low tide.

VITAL STATISTICS.

Year.	Total Births.		Total deaths.		Still births.	
	Praslin.	La Digue.	Praslin.	La Digue.	Praslin.	La Digue.
1933	77	51	28	22	4	2
1934	88	61	22	13	9	2

Cottage Hospital Praslin.—Nurse Collie who was attached to this hospital for the last seven years was transferred to Seychelles Hospital for the last 6½ months of the year and nurse Faure from the Maternity section of the Seychelles Hospital replaced her in her absence. As before the nurse administers the general anæsthetics when required. The appointment of a servant maid to help the nurse as suggested in the last year's report still remains a pressing need.

During the nine years of existence of this small hospital, by the many and varied types of service it has rendered to the inhabitants of Praslin and La Digue and also of the other neighbouring islands, it has clearly justified its existence. The old buildings which were temporarily employed for the hospital in 1926 are rather very old now, and the pest of white ants is still continuing as the painting of these buildings was never done. In my opinion some temporary repairs done to these buildings cannot substantially alter the expectation of life of these old buildings. Further, at present, there is no store room attached to the hospital to keep the drugs and other articles.

So I suggest that a new hospital be built in masonry, and that funds for that purpose be obtained from the Colonial Development Fund.

STATISTICS OF THE COTTAGE HOSPITAL.

No. of cases admitted.	No. of cases cured.	No. of cases relieved.	No. of cases transferred to Seychelles Hospital.	Deaths.
73	67	2	2	2

ANALYSIS OF CASES TREATED IN THE IN-PATIENT DEPARTMENT OF THE COTTAGE HOSPITAL.

I. INFECTIONS.

(a) *Non specific infections.*

Breast abscess	...	...	...	1
Chronic ulcer	...	...	...	1
Septic wound (septicæmia)	...	...	...	1
Gangrene (scald)	...	...	...	1
Pelvic inflammation	...	...	...	2

(b) *Specific infections.*

Tetanus	...	...	...	1
Amoebic dysentery and Hepatitis	...	...	...	1

II. INJURIES.

Wounds	...	...	...	4
Hæmorrhage from the umbilical cord	...	...	...	1
Concussion of brain	...	...	...	1

FRACTURES.

Colles fracture	...	...	...	2
Fracture both bones forearm	...	...	...	1

III. DISEASES OF THE RESPIRATORY TRACT.

Pneumonia	...	...	...	1
Influenza	...	...	...	2
Pleurodynia	...	...	...	1
Acute laryngitis	...	...	...	1

IV. DISEASES OF THE GENITO URINARY TRACT.

Orchitis	...	...	...	1
Hæmaturia - renal	...	...	...	1
" Urethral	...	...	...	1
Retention of urine	1
Old lacerated perineum	1

V. LOCOMOTOR SYSTEM.

Arthritis both knee
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VI. ABDOMINAL CONDITIONS.

Strangulated hernia	2
Acute appendicitis	1
Chronic peritonitis	1

VII. MATERNITY CASES.

Full term delivery	...	...	...	34
Premature delivery	...	...	..	2
Abortions	...	...	...	4

ANALYSIS OF THE MATERNITY CASES.

Natural delivery	...	...	...	30
Breech delivery	...	...	...	2
Post-partum hæmorrhage	...	...	...	1
Forceps delivery	...	...	...	1
Manual removal of placenta	...	...	...	1
Placenta prævia and puerperal mania	...	...	...	1

LIST OF CASES FOR WHICH SURGICAL AID WAS GIVEN AT THE COTTAGE
HOSPITAL (IN-PATIENT AND OUT-PATIENT INCLUSIVE).

Nature of cases.	No. of cases.	Nature of operation.	Anæsthetic used.
Abcess of various types	26	Incision	Nil
Wounds	11	Sutured	Local for 1 case
Fractures	9	Reduced & set up	Chloroform 8 Nil 1
Dislocation	1	Reduced	Nil
Retention of urine	2	Catheterised	do
Phymosis	2	Circumcision	Nil 1 Aether 1
Foreign bodies	3	Removed	Chloroform 1 Nil 2
Hydrocele	2	Tapped	Nil
Cysts	5	Enucleation	Local
Crushed toe	1	Amputation	Chloroform
Incomplete abortion	3	Completed	do
Difficult labour	4	Forceps 1 Version 1 Breech 2	do
Adherent placenta	1	Manual removal	do
Strangulated inguinal hernia	2	Radical operation	C. E. Mixture

RETURN OF PAUPER PATIENTS TREATED AT THE DISPENSARIES OF
PRASLIN AND LA DIGUE IN 1934.

Months.	Bay St. Anne.		Grand Anse.		La Digue.		Total.	
	M	F	M	F	M	F	M	F
January ...	20	20	4	16	16	20	40	56
February ...	28	8	8	20	8	40	44	68
March ...	3	8	16	20	20	24	39	52
April ...	20	28	12	4	16	28	48	60
May ...	33	24	12	12	23	56	68	92
June ...	16	16	12	8	28	9	56	33
July ...	25	25	5	9	11	16	41	50
August ...	16	27	16	9	49	21	81	57
September ...	48	12	19	9	27	36	94	57
October ..	39	23	12	24	28	32	79	79
November ...	24	8	28	36	16	20	68	64
December ..	24	24	4	24	20	20	48	68
Total ...	296	223	148	191	262	322	706	736

Appendix C.

SCHOOL INSPECTIONS FOR THE YEAR 1934.

School.	Date of Inspection.	Present Boys.	Present Girls.	Total on Roll.	Health.	Ventilation.	Light.	Area.	Cleanliness.	Latrines.	Remarks.
R. C. Victoria	18. 12. 34	—	15	17	Good	Good	Sufficient	Sufficient	Clean		2 more latrines required.
do	18. 12. 34	210	—	269	do	do	do	do	do		Dental caries common.
St. Paul's C. of E.	19. 12. 34	—	115	126	do	do	do	do	do		Secondary anæmia and hookworms common.
Victoria C. of E.	do	19	105	131	Fair	do	do	do	Fairly clean		
Bel Ombre C. of E.	21. 12. 34	11	3	16	Good	do	do	do	Clean		
do R. C.	do	38	50	114	Fair	do	do	do	do		
Glacis R. C.	do	40	38	85							
Anse Etoile R. C.	20. 12. 34	33	30	82	Good	do	do	do	do		
Port Gland	26. 10. 34	21	30	58	do	do	do	do	do		
R. C. Takamaka	11. 12. 34	36	39	96	do	do	Good	Enough	do	Good	Satisfactory.
R. C. Baie Lazare	12. 12. 34	27	45	89	Fair (ild anæmia)	do	do	do	do	Good	Generally satisfactory.
R. C. Anse Boileau	17. 12. 34	113	87	212	Good	do	do	do	do	Clean	Discipline good.
C. of E. Anse Royale	21. 12. 34	12	9	40	do	do	do	do	do	do	
R. C. Anse Royale	22. 12. 34	125	76	226	Fair	Fair	Fair	do	do	do	
R. C. Plaisance	19. 12. 34	44	50	106	Good	Good	Good	do	do	do	
R. C. Pointe au sel	20. 12. 34	10	16	34	do	do	do	do	do	do	
R. C. Anse aux Pins	20. 12. 34	48	58	158	do	do	do	do	do	do	School closed owing to repairs.
R. C. Cascade	—	—	—	—	—	—	—	—	—	—	Jiggers more than any other schools.
Bay St. Anne R. C.	26. 11. 34	37	33	85	Satisfactory	do	do	Sufficient	Fair	Good	
La Digue R. C.	29. 11. 34	—	103	111	Fair	do	do	do	do	do	

APPENDIX C.—(Continued).

SCHOOL INSPECTIONS FOR THE YEAR 1934.

School.	Date of Inspection.	Present		Total on Roll.	Health.	Ventilation.	Light.	Area.	Cleanliness.	Latrines.	Remarks.
		Boys.	Girls.								
La Digue R. C.	6. 12. 34	77	—	88	Good	Good	Good	Sufficient	Clean	Good	Few jiggers in this school also.
Grand' Anse R. C.	5. 12. 34	23	30	57	Fair	do	do	do	Fair	do	Some repairs required for the floor of the school.
do C. of E.	5. 12. 34	22	29	54	do	do	do	Enough	Very clean	do	Satisfactory.
Consolation C. of E.	19. 12. 34	19	19	38	do	Fair	Fair	Not enough	Fair	only one latrine	No grounds for games.
Anse Kerlan C. of E.	21. 12. 34	12	13	28	do	Good	Good	Enough	Unsatisfactory	Good	Children mostly unclean
Anse Boundin R. C.	21. 12. 34									one latrine nearly full	Visited the school on the last working day of the term. Found the school locked having been closed for the vacation on the previous day.

31 DEC. 1935